



Office of Public Instruction  
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## GUIDED RECORD REVIEW

☐ Timelines    ☐ Referral    ☐ Evaluation Plan    ☐ CST    ☐ IEP  
☐ LRE    ☐ Transition    ☐ Transfer    ☐ IEP Notice    ☐ FAPE ↓ 3

**NOTE:** Place a check in the above boxes only if you have checked that an item in that section is non-compliant. Do not check for concerns, only for non-compliance.

|   |                   |                         |             |                      |                    |
|---|-------------------|-------------------------|-------------|----------------------|--------------------|
| <b>Student Initials:</b>                | <b>Birthdate:</b> | <b>Age:</b>             | <b>Sex:</b> | <b>Grade:</b>        | <b>Disability:</b> |
| <b>District:</b>                        |                   | <b>School Building:</b> |             | <b>SPED Teacher:</b> |                    |
| <b>Person Completing Record Review:</b> |                   |                         |             |                      |                    |

**NOTES:**    **Student Initials:** Use all three initials.    **Age:** At date of most recent IEP.  
**School:** School currently attending    **SPED Teacher:** Name of current special education teacher or speech provider (if student only receives speech services)

| Dates       |             |                 |             |             |               |
|-------------|-------------|-----------------|-------------|-------------|---------------|
|             | Referral    | Evaluation Plan | CST Meeting | IEP Meeting | IEP Amendment |
| Most Recent | Most Recent | Most Recent     | Most Recent | Most Recent |               |
| Previous    |             | Previous        | Previous    | Previous    |               |
| Previous    |             | Previous        | Previous    | Previous    |               |

Yes No NA

### TIMELINES:

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A. 8/1/2005 and later only: Initial CST was conducted within 60 days of date that parental consent was received.

|       |   |
|-------|---|
| "Yes" | There is <b>less than</b> a 60 calendar day difference between the "Date Returned" in the lower left corner of the "Evaluation Plan" and "Today's Date" on the CST. If no return date is noted, it is 60 calendar days from the date of parent signature. |
| "No"  | There is <b>more than</b> a 60 calendar day difference between the "Date Returned" in the lower left corner of the "Evaluation Plan" and "Today's Date" on the CST. Or, a date is missing and the 60 day calculation cannot be calculated.                |
| "N/A" | This is a reevaluation <u>or the initial CST was before July 1, 2005</u> and the 60 day timeline is not a consideration.  |

**If NO, review file and check one or more items below.**

☐ No reason given.

- ☐ Student transferred districts during the 60-day timeline.
- ☐ The student did not participate in scheduled evaluations.
- ☐ Meeting rescheduled due to \_\_\_\_ parents \_\_\_\_ school district staff.
- ☐ District staff did not complete evaluation(s) in 60-day timeline.
- ☐ School not in session for all/part of the 60-day interval (summer/winter vacation).
- ☐ District and parent agreed to postpone evaluation.
- ☐ Part C agency did not provide evaluation information in a timely manner.
- ☐ Other, please explain: \_\_\_\_\_

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**B. 8/1/2005 and later only: Initial IEP was conducted within 30 days of the initial CST**

**C. The student is reevaluated every three years OR the parents and the school district agreed that a reevaluation was unnecessary**

|       |  |
|-------|--|
| "Yes" | A CST meeting was held within three years of the previous CST OR documentation exists that the parents and IEP team agreed that a CST was unnecessary prior to the date of the reevaluation CST. This information may be contained in the IEP or in other documentation. |
| "No"  | A three-year reevaluation CST was not conducted AND no documentation exists that the parents and IEP team agreed that a three-year CST was unnecessary.  |
| "N/A" | This is an initial evaluation.   |

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**D. IEP was in effect at beginning of school year**

|       |  |
|-------|--|
| "Yes" | The duration of the IEP included the first day of the school year.   |
| "No"  | The duration of the IEP did not include the first day of the school year or no IEP had been developed for the student. |
| "N/A" | This is an initial IEP.  |

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**E. IEP is reviewed every twelve months**

|       |   |
|-------|---|
| "Yes" | An annual IEP meeting is held within 365 calendar days of the previous IEP meeting. |
| "No"  | More than 365 days have elapsed since the previous annual IEP meeting.              |
| "N/A" | This is an initial IEP.   |

**Special education record includes:**

**NOTE:** If a document is missing from the file, do not score the details for that record.

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**A. Records are maintained in a secure and confidential manner**

|       |   |
|-------|---|
| "Yes" | Special education records are kept in a locked storage area or an area with limited student access which is under the continual visual supervision of school personnel. |
| "No"  | The records are kept in an unlocked area which is accessible to passerby and which is not under continual visual supervision of school personnel.                       |

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**B. Access log**

|       |                                     |
|-------|-------------------------------------|
| "Yes" | Record has an access log.           |
| "No"  | Record DOES NOT have an access log. |

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**C. Access log includes a list of all individuals who have access to records**

|       |  |
|-------|--|
| "Yes" | Access log lists all individuals who have access to records under FERPA.         |
| "No"  | Access log does not list all individuals who have access to records under FERPA. |

☐☐**D. Record of individuals obtaining access to record, including name, date and purpose**

**NOTE:** If the access log has not been signed, this does not constitute a "No". Individuals who appear on the list cited in the above item are not required to sign when accessing the student record.

☐☐**E. Information about this student only**

**NOTE:** Information about siblings contained in social histories or disciplinary records which contain information about other students is acceptable.

☐☐**F. Referral**☐ **More than 2 years old**

**NOTE:** If the record contains a "reconstructed" referral this is a "Yes".

☐☐**G. Evaluation Plan**☐☐**H. Evaluation Data (summaries of assessments, test protocols, et. al.)**

**NOTE:** Test protocols must be kept in the special education records and not in the sole possession of a speech provider or school psychologist.

☐☐**I. Child Study Team reports**☐☐**J. Individualized Education Programs**☐☐☐ **K. Progress Reports sent to parents**

**NOTE:** Information may be present in the special education record, stored with current IEP or be available from the special education teacher for the IEP in effect. Check "NA" if this is an initial IEP and the progress report period has not yet ended.

**REFERRAL includes:**

- ☐ **Referral from another district** ☐ **More than 2 years old** ☐ **Reconstructed**  
☐ **Current Document not in Record**

**NOTE:** If you checked any of the boxes above, move to the next section without reviewing the document.

☐☐**A. Regular education interventions tried**

**NOTE:** Attached documentation from pre-referral teams is acceptable and encouraged.

|              |   |
|--------------|---|
| <b>"Yes"</b> | The documentation of general education interventions includes all four components on the referral form. (Dates, Implemented by, Intervention, Results of Intervention)                              |
| <b>"No"</b>  | One or more of the components are missing, the interventions did not address the specific reason for referral or the duration of the interventions was too short to have an effect on the students. |

☐☐**B. Specific reasons for the referral**

|              |   |
|--------------|---|
| <b>"Yes"</b> | The reasons for referral reflect the results of observations, assessments, and interventions (such as screening data, individualized test results, and prereferral strategies). |
| <b>"No"</b>  | The reasons for referral are vague or not related to the general education interventions ("having problems," "needs assistance").   |

☐☐**C. Signature of person making referral**

☐ **Check this box if the parent signed as the referring person.**

**EVALUATION PLAN includes:** ☐ **Evaluation Plan from another district**  
☐ **More than 2 years old**  
☐ **Current Document not in Record**

**NOTE:** If you checked any of the boxes above, move to the next section without reviewing the

document.

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- A. Why the student is being evaluated**  
**B. A description of each evaluation procedure**

**NOTE:** If they are using the OPI form, this is a "Yes." For non-OPI forms, check "No" if the form does not include a description of each evaluation procedure (excluding observation)

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- C. A parent signature for permission\***

\* ☐ ☐ **If written permission was not obtained for reevaluation, record has documentation of attempts to obtain**

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- D. The Evaluation Plan was provided in the parents' native language**

**NOTE:** Look for evidence in the file that the student is LEP or that the parent's only language is something other than English

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- E. Initial Evaluation: The parents were given the Procedural Safeguards brochure**

**NOTE:** Check all identified assessments for use with items E and F below.

- |  |  |                                     |  |  |
|--|--|-------------------------------------|--|--|
| <input type="checkbox"/> Academic      | <input type="checkbox"/> Assist. Tech.       | <input type="checkbox"/> Behavioral | <input type="checkbox"/> Class-Based Assess. | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Developmental | <input type="checkbox"/> English Proficiency | <input type="checkbox"/> FBA        | <input type="checkbox"/> Observations        | <input type="checkbox"/> Physical      |
| <input type="checkbox"/> Psychological | <input type="checkbox"/> Social/Emotional    | <input type="checkbox"/> Transition | <input type="checkbox"/> Other: _____        |  |

**CST REPORT includes: School: \_\_\_\_\_ SPED Teacher/SLP: \_\_\_\_\_**

- ☐ **CST Report from another district** ☐ **More than 2 years old**

- ☐ **Current Document not in Record**

**NOTE:** If you checked any of the boxes above, move to the IEP section without reviewing the CST.

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- A. Parent comments**

|       |   |
|-------|---|
| "Yes" | Parent comments are included or it is noted that the parents had no comments or did not attend. |
| "No"  | Parent comments area is left blank.   |

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- B. Current classroom-based assessments (CBA)**

**NOTE:** CBA might include grades, individual assessments and reports of student abilities in the classroom

|       |  |
|-------|--|
| "Yes" | CBA are complete and provide information on current performance.           |
| "No"  | There are no CBA or CBA do not provide information on current performance. |

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- C. CBA includes the student's involvement and progress in the general curriculum**

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- D. Observations by teachers and/or related services providers**

**NOTE:** These may be contained in psychological or other reports, so long as they are attached to the CST.

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- E. All assessments marked on Evaluation Plan were conducted**

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- F. Only assessments marked on the Evaluation Plan were conducted**

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- G. Implications for educational planning for all assessment areas**

**NOTE:** Implications must specify modifications/accommodations or suggested teaching methods.

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- H. Disability criteria (written or checklist - only for INITIAL evaluation of a disability)**

**NOTE:** Check "No" if there is no criteria for each identified disability or if a written statement does not address all criteria in the ARM for the initial identification of that disability.

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- I. Need for special education and related services**

|       |  |
|-------|--|
| "Yes" | The statement specifically addresses that the student needs adapted content and/or adapted teaching methods and/or adapted instructional delivery, in order to address the unique needs of the |
|-------|--|

|      |   |
|------|---|
|      | disability.   |
| "No" | The statement does not meet the above standard, for example: it is a statement of the disability, ("Nica is SI") or a statement that the student "needs special education." |

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**J. Disability category(ies):** \_\_\_\_\_

|       |   |
|-------|---|
| "Yes" | Disability category(ies) identified .             |
| "No"  | There are no disability category(ies) identified. |

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**K. (Initial CST) - The results of assessments in all areas related to the suspected disability**

**NOTE:** Review the criteria checklists, including exclusionary factors, to determine necessary assessments.

|       |  |
|-------|--|
| "Yes" | File includes results of assessments in ALL areas related to the suspected disability. |
| "No"  | The necessary assessments were not completed for ALL categories of disability.         |

**Child Study Team includes:**

☐ ☐

**A copy of the report was provided to the parent**

☐ ☐

**Parent(s)**

☐ ☐

**If parent did not attend, records of attempts to arrange a mutually agreed on time/place**

**NOTE:** This may be documented through meeting notes, contact logs or copies of invitations.

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**Student**

☐ ☐

**Administrator**

☐ ☐

**Regular education teacher**

☐ ☐

**Special education teacher or Speech and language pathologist**

☐ ☐

**Teacher or specialist with knowledge in the area of suspected disability**

**NOTE:** This would be the special education teacher, parent or related service professional.

| REQUIRED FOR <u>INITIAL</u> CST MEETING | AU | CD | DB | DE           | ED | HI           | LD | SI | TBI |
|---|----|----|----|--------------|----|--------------|----|----|-----|
| School Psychologist                     | X  | X  |    |              | X  |              | X  |    | X   |
| Speech-language Pathologist             | X  |    | X  | X<br>or<br>X |    | X<br>or<br>X |    | X  | X   |
| Audiologist                             |    |    |    |              |    |              |    |    |     |

**NOTE:** For DE and HI, either a SLP or Audiologist is required, not both.

**IEP includes: School:** \_\_\_\_\_ **SPED Teacher/SLP:** \_\_\_\_\_

☐ **Current Document not in Record**

☐ ☐

**A. Student's strengths, preferences and interests**

**NOTE:** Check "No" if this area has been left blank or the information is not in the IEP.

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**B. Concerns of the parents**

|              |   |
|--------------|---|
| <b>"Yes"</b> | Parent comments are included or it is noted that the parents had no comments or did not attend. |
| <b>"No"</b>  | Parent comments area is left blank  |

**Consideration of:**

**NOTE:** Place a mark in the first or second column to indicate "Yes" or "No" that the IEP documented consideration of this special factor. Place a mark in "(Checked "Yes": \_\_)" if the IEP team checked the item "Yes."

- |                          |                          |           |  |                            |
|--------------------------|--------------------------|-----------|--|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>C.</b> | <b>Whether student behavior impedes learning</b>                             | <b>(Checked "Yes": __)</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>D.</b> | <b>Communication needs</b>   | <b>(Checked "Yes": __)</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>E.</b> | <b>Assistive technology devices/services</b>                                 | <b>(Checked "Yes": __)</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>F.</b> | <b>Limited English Proficiency</b>   | <b>(Checked "Yes": __)</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>G.</b> | <b>If any item in C-F is checked "Yes," the need is addressed in the IEP</b> |                            |

**NOTE:** These factors may be addressed by goals, accommodations, modifications, specific plans (behavior, special health care, technology, etc.) or in the minutes.

**For student who is blind or visually impaired, consideration of:**

**Orientation and mobility = Yes \_\_ or No \_\_ (If Yes, training must be in IEP)**

**Instruction in Braille = Yes \_\_ or No \_\_ (If No, minutes must say "Why not")**

- |                          |                          |                          |               |   |
|--------------------------|--------------------------|--------------------------|---------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>H.</b>     | <b>Present level of academic achievement and functional performance (PLAAFP)</b>                              |
| <b>Y</b>                 | <b>N</b>                 | <b>OK</b>                | <b>If No:</b> | <input type="checkbox"/> Not Present <input type="checkbox"/> No Academic Achievement/Functional Performance  |
|                          |                          |                          |               | <input type="checkbox"/> No information about current performance <input type="checkbox"/> Not related to MAG |
|                          |                          |                          |               | <input type="checkbox"/> Not state how disability affects involvement/progress in gen. ed., etc.              |

|              |  |
|--------------|--|
| <b>"Yes"</b> | PLAAFP comprehensively addresses academic achievement and functional performance, provides information about current performance and is related to the MAG. If appropriate, it also comprehensively states how the disability affects involvement and progress in the regular curriculum or for preschool students, involvement in appropriate activities. |
| <b>"OK"</b>  | The PLAAFP implies the student's academic achievement and functional performance, provides information about current performance and is related to the MAG. If appropriate, it also implies how the disability affects involvement and progress in the regular curriculum or for preschool student, involvement in appropriate activities.                 |
| <b>"No"</b>  | The PLAAFP is left blank or incomplete. The information provided does not describe the student's current performance in a way that can guide the IEP team in the development of the MAG.   |

- |                          |                          |               |  |
|--------------------------|--------------------------|---------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>I.</b>     | <b>Measurable annual goals (MAG)</b>   |
|                          |                          | <b>If No:</b> | <input type="checkbox"/> Not Present <input type="checkbox"/> No mechanism to measure progress |
|                          |                          |               | <input type="checkbox"/> No permanent product  |

|              |   |
|--------------|---|
| <b>"Yes"</b> | Does MAG have the ability to be measured as a permanent product (i.e. there is a clear outcome)?<br>Does MAG include a mechanism to measure progress? |
| <b>"No"</b>  | MAG does not meet the above requirements.   |

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>MAG addresses enabling the child to be involved in and make progress in the regular curriculum or, for preschool children, to participate in appropriate activities</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>MAG addresses other educational needs that result from the child's disability</b>   |

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>J.</b> | <b>COMPLETE THIS ITEM <u>ONLY</u> for children who take the CRT-ALT:</b> |
|--------------------------|--------------------------|--------------------------|-----------|--|

**Short-term Objectives or Benchmarks which are measurable (STOB)**

If No: ☐ Not Present ☐ No mechanism to measure progress  
☐ No permanent product

|       |   |
|-------|---|
| "Yes" | Does STOB have the ability to be measured as a permanent product (i.e. there is a clear outcome)?<br>Does STOB include a mechanism to measure progress? |
| "No"  | STOB does not meet the above requirements.  |

**K. If student does not participate in Physical Education, specially designed physical education is included in the IEP: Yes ☐ No ☐**

**NOTE:** If the severity/nature of the students disability would suggest specially designed physical education but it is not identified in the IEP, ask the sped teacher if the student participates in regular PE.

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**L. How often progress reports will be sent to parents**

**NOTE:** If at least one progress reporting period is checked within the IEP, mark this item "Yes."

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**M. IEP considers the results of the most recent CST**

|       |  |
|-------|--|
| "Yes" | Any special education or related services in the CST are included in the current IEP or there is an explanation on the current or previous IEP as to why those services were not considered. |
| "No"  | Any of the indicated services are not included in the IEP <u>and</u> there is no explanation as to why they were not considered.   |
| "NA"  | The CST is more than two years old and was not reviewed.   |

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**N. IEP team addressed any lack of progress in the general curriculum**

|       |   |
|-------|---|
| "Yes" | ALL academic needs in the CST or IEP were included in the IEP or there was an explanation as to why the need was not included. Reference the following IEP sections: Educational Concerns, PLAAFP and the MAG descriptions. |
| "No"  | One or more needs were not included or explained in the IEP.  |

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**O. The frequency, location, and date of initiation of special education and related services**

|       |  |
|-------|--|
| "Yes" | Each of the above items is identified in the IEP.                                      |
| "No"  | One or more of the above items is not identified in the IEP (circle the missing item). |

**NOTE:** "Date of initiation" is "Today's Date" on page 1 of the IEP.

**P. The child's placement:**

☐ ☐ **a. is based on the child's IEP**

|       |   |
|-------|---|
| "Yes" | The placement in a special education setting is based on the amount and type of services identified in the IEP.       |
| "No"  | The placement in a special education setting is greater than necessary to provide the services identified in the IEP. |

☐ ☐ **b. is as close as possible to the child's home**

|       |  |
|-------|--|
| "Yes" | The school the student is attending is the closest available school providing the services this student needs. |
| "No"  | He/she attends a school other than the one which he/she would attend if not disabled.                          |

**NOTE:** Having this box checked "No" on the IEP does not indicate non-compliance if a reasonable explanation is provided.

☐ ☐ **c. is in the school that he/she would attend if nondisabled**

|              |   |
|--------------|---|
| <b>"Yes"</b> | This school is within the attendance area of the student's residence.                 |
| <b>"No"</b>  | He/she attends a school other than the one which he/she would attend if not disabled. |

☐☐ **d. In selecting the LRE, consideration is given to any potential harmful effect on the child or on the quality of services that he or she needs**

|              |  |
|--------------|--|
| <b>"Yes"</b> | The LRE decision made by the team is appropriate to the student's identified needs.                              |
| <b>"No"</b>  | There is insufficient documentation to support the LRE decision, which may have a harmful effect upon the child. |

**NOTE:** If "No" is checked for any of the preceding, explain why below.

☐☐ **Q. Supplementary Aids and Services for the student, including modifications or supports for school personnel.**

**NOTE:** If team checked "not Needed," check Yes.

|              |   |
|--------------|---|
| <b>"Yes"</b> | The IEP contains Supplementary Aids and Services which are necessary for the student and/or school personnel. Examples include: extended time on exams or staff training in use of specific positive behavioral interventions. If team checked "Not Needed," check Yes. |
| <b>"No"</b>  | The IEP does not contain the Supplementary Aids which were suggested by the CST team, previous IEPs or individualized assessments or observations.  |

☐☐ **R. Participation in State/Districtwide Assessments**

|              |  |
|--------------|--|
| <b>"Yes"</b> | The IEP documents a choice for BOTH tests below. |
| <b>"No"</b>  | One or more tests are not addressed.             |

**The student will participate in the following manner:**

**NOTE:** Record the IEP team decision for each assessment. Check "N/A" if the district does not conduct districtwide assessments.

|  |  |
|--|--|
| <b>CRT Tests (Grades 3-8, 10)</b><br><br><input type="checkbox"/> <b>Without accommodations</b><br><input type="checkbox"/> <b>With accommodation(s)</b><br><input type="checkbox"/> <b>CRT-Alternate</b><br><input type="checkbox"/> <b>Not addressed</b> | <b>Districtwide Tests</b><br><br><input type="checkbox"/> <b>N/A</b><br><input type="checkbox"/> <b>Without accommodations</b><br><input type="checkbox"/> <b>With accommodation(s)</b><br><input type="checkbox"/> <b>Alternate Assessment Scale</b><br><input type="checkbox"/> <b>Not addressed</b> |
|--|--|

**NOTE:** Check "Not Addressed" if a choice should have been made and wasn't.

**If student is taking Alternate Assessment, IEP addresses:**

☐☐ **Why the child cannot participate in the particular assessment**  
☐☐ **Why the particular alternate assessment selected is appropriate for the child**

☐ **Statewide assessments are not being conducted during the term of this IEP**

**NOTE:** Check this box if the student is in grades PK, K, 1, 2, 11, 12, OR if the student is in grade 9 **AND** the duration of the IEP does not include the time period in which the testing will occur (spring).

☐☐ **S. Extended School Year services were considered**



**NOTE:** If the student's third birthday occurs in the summer, the individualized education program (IEP) team shall decide whether the student is to receive extended school year services during the summer.

|              |  |
|--------------|--|
| <b>"Yes"</b> | One of the boxes under the Extended School Year heading is checked.  |
| <b>"No"</b>  | None of the boxes under the Extended School Year heading are checked, or the proposed meeting date for determination is passed and no documentation exists of a determination of the need for ESY. |

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**T. IEP Accessibility and Responsibilities**

|              |   |
|--------------|---|
| <b>"Yes"</b> | One of the four IEP Accessibility and Responsibilities check boxes is marked. |
| <b>"No"</b>  | None of the IEP Accessibility and Responsibilities check boxes are marked.    |

**IEP Team includes:**

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**Parent(s)**

- ☐ ☐ A copy of the IEP was given to the parent
- ☐ ☐ Written consent for initial and annual placement was obtained prior to placement
- ☐ ☐ Parent is given a copy of the procedural safeguards notice at least once per year
- ☐ ☐ If parent did not attend, records of attempts to arrange mutually agreed on time/place

**NOTE:** This may be documented through meeting notes, contact logs or copies of invitations.

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**Student, age 15 and older**

**Administrator**

**Regular education teacher**

**Special education teacher or speech and language pathologist**

**Teacher or specialist with knowledge in the area of suspected disability**

**NOTE:** This could be the special education teacher, parent or related service professional.

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**Representative of other agency (transition IEP)**

|              |  |
|--------------|--|
| <b>"Yes"</b> | The IEP team included a representative of an other agency who, <b><u>PRIOR TO GRADUATION OF THE STUDENT:</u></b><br>1. is likely to or is paying/providing for a transition service <b><u>prior to graduation</u></b> ; and<br>2. The Transition Service likely to being paid for/provided by the other agency <b><u>prior to graduation</u></b> is included in the <u>Transition Services Needed to Assist the Student in Meeting MPSG</u> area of the IEP. |
| <b>"No"</b>  | The IEP team was required to included a representative as described in 1 and 2 above <b><u>prior to graduation</u></b> but did not.  |
| <b>"NA"</b>  | Other agencies were not providing transition services <b><u>prior to graduation</u></b> .  |

**IEP Team Member Excusal:**

**NOTE:** Copy the documentation and ask an OPI Specialist for assistance in completing this item.

**IEP meeting included at least one:**

- ☐☐ **Special education teacher or speech and language pathologist**  
☐☐ **Regular education teacher (if the student is or may be participating in the regular education environment)**  
☐☐ **Administrator or designee**

**The excusal documented:**

- ☐☐ **The parent's consent for excusal prior to the IEP meeting**  
☐☐ **The member(s) to be excused**  
☐☐ **Each excused member provided written input prior to the meeting.**  
**If No, indicate member \_\_\_\_\_**  
☐☐ **Copies of the written input from each excused IEP Team member is included in the IEP document.**  
**If No, indicate member \_\_\_\_\_**

**IEP Amendment:**      **School:** \_\_\_\_\_      **Teacher:** \_\_\_\_\_

- ☐☐ **A.      Indicates the date of the IEP being amended**  
☐☐ **B.      Indicates what areas of the IEP are being amended**  
☐☐ **C.      Copies of changes to IEP are attached**

**NOTE: Review only most recent IEP Amendment**

**Amendment approved by:**

- ☐☐ **Parent(s)**  
☐☐ **District**

**TRANSITION IEP includes: (Beginning with the IEP to be in effect on the child's 16<sup>th</sup> birthday)**

☐☐ **A.      The student's desired post-school activities were considered**

|              |   |
|--------------|---|
| <b>"Yes"</b> | "Student's Desired Post-School Activities" are listed.                  |
| <b>"No"</b>  | "Student's Desired Post-School Activities" are not listed. (left blank) |

☐☐ **B.      Age appropriate transition assessment was conducted for training, education, employment, and, if appropriate, independent living skills.**  
☐ **Assessment was conducted but did not include training, education, employment, or independent living skills. (circle missing items)**

|              |  |
|--------------|--|
| <b>"Yes"</b> | Transition assessment results are described or attached. |
|--------------|--|

|      |  |
|------|--|
| "No" | Assessment was not conducted in one or more areas. |
|------|--|

- ☐☐ **C. Measurable post-secondary goals related to education or training, employment and, if appropriate, independent living skills.**

**NOTE:** More than one required area may be included in a single goal.

|       |  |
|-------|--|
| "Yes" | A measurable postsecondary goal was written for each area: education or training, employment, and if appropriate, independent living skills. |
| "No"  | Not all required areas were included in a measurable postsecondary goal(s). Circle the missing topic area.                                   |

- ☐☐ **D. The IEP includes the Courses of Study for at least the duration of the IEP**

**NOTE:** This includes only the courses of study and not the Anticipated Graduation Date or credits earned to date.

- ☐☐ **E. Needed transition services**

|       |   |
|-------|---|
| "Yes" | Every service area was considered because specific services are documented or the box, "Discussed and not needed" is checked. |
| "No"  | One or more service areas was not considered.   |

- ☐☐ ☐ **F. The district invited (with parent permission) any other agency that is likely to be responsible for providing or paying for transition services**

**NOTE:** Look on meeting invitation.

- ☐☐ ☐ **G. If the agency failed to provide the transition services described in the IEP, the district reconvened the IEP team to identify alternative strategies**

**NOTE:** Look for evidence of this in the IEP or IEP Amendments.

- ☐☐ **H. The student's measurable annual goals and transition services will reasonably enable the student to meet the identified post-secondary goals.**  
**If no, explain why: \_\_\_\_\_**

|       |   |
|-------|---|
| "Yes" | The IEP has Measurable Annual Goal(s) and Transition Services which are steps to the MPSGs. |
| "No"  | The Measurable Annual Goal(s) and Transition Services ARE NOT steps to the MPSGs            |

**If student is age 17:**

- ☐☐ **A. Student was informed of rights that will transfer at age of majority**

|       |  |
|-------|--|
| "Yes" | IEP shows student was informed at least one year prior to turning age 18 of the transfer of rights under the heading, "Transfer of Rights at Age of Majority." And/or a copy of the letter, "Transfer of Parental Rights/Student Notice" is complete and included in the student record. |
| "No"  | IEP does not show the date the student was informed of rights and/or does not include a completed copy of the "Transfer of Parental Rights/Student Notice" form.   |

- ☐☐ **B. Parents were informed of rights that will transfer at age of majority**

|       |  |
|-------|--|
| "Yes" | IEP shows parent was informed at least one year prior to the student turning age 18 of the transfer of rights under the heading, "Transfer of Rights at Age of Majority." And/or a copy of the letter, |
|-------|--|

|             |  |
|-------------|--|
|             | "Transfer of Parental Rights/Parent Notice" is complete and included in the student record.  |
| <b>"No"</b> | IEP does not show the date the parent was informed of rights and/or does not include a completed copy of the "Transfer of Parental Rights/Parent Notice" form. |

**IEP MEETING NOTICE must:**

☐ **Current Document not in Record**

☐ ☐

**A. Indicate the purpose, time, and location of the meeting**

☐ ☐

**B. Indicate who will be in attendance**

☐ ☐

**C. Inform the parents that other individuals who have knowledge or special expertise about the child may participate in the IEP**

☐ ☐

**D. For student transitioning from Part C services, Part C service coordinator invited**

**NOTE:** If student did not transition from Part C services, mark NA.

**Beginning at age 16, indicate:**

☐ ☐

**A. That a purpose of the meeting will be the development of transition services needs/needed transition services and measurable postsecondary goals**

☐ ☐

**B. That the agency will invite the student**

☐ ☐

**C. Any other agency that will be invited to send a representative**

## **TRANSFER STUDENTS**

**A. In-state transfer**

☐ ☐

**The district implemented the student's IEP**

**Date of documentation:** \_\_\_\_\_

**B. Out-of-state transfer—the district:**

☐ ☐

**i. determined that student is eligible in Montana**

**Date of Determination:** \_\_\_\_\_

☐ ☐

**ii. implemented the student's IEP**

**Date of documentation:** \_\_\_\_\_

## **FAPE FOR CHILDREN AT AGE 3 Referred by parent only**

☐ ☐

**A. If referred more than 90 days before the child's third birthday, the IEP was developed and implemented no later than the child's third birthday.**

**NOTE:** Developed and implemented means consented to by the parent.